



Anne Huebner
& Associates

INDEPENDENT PSYCHOLOGICAL EVALUATION

Confidential and Privileged Information

Examinee: Marcela Suazo Vargas
DOB: July 27, 1998

Examiner: Anne Huebner, Ph.D.
Licensed Psychologist

PURPOSE OF EVALUATION

An Independent Medical/Psychological Evaluation (IME) was requested to determine Ms. Marcela Vargas' psychological status relative to a sexual assault by a student at James Madison Memorial High School on April 20, 2015. Another sexual incident occurred at Sun Prairie High School in February 2016. Marcela's records demonstrate a history of intellectual and communication disabilities and a history of hospitalizations, and psychiatric, therapy, and social services for psychoticism since 2011. A 2017 neuropsychological evaluation diagnosed Ms. Vargas with Moderate-to-Severe Intellectual Disability, moderate-to-severe global functional impairments, and Post-traumatic Stress Disorder (PTSD). This evaluation seeks to clarify the nature and severity of Marcela's post-traumatic symptoms and their impact on her functioning.

DOCUMENTS REVIEWED

- Journey Mental Health Center records, June 27, 2012 – October 22, 2018;
- Marcela's Educational records, 2008 – 2018;
- Marcela's mental health hospital records, March 2011 – March 2017;
- Dr. Sarah Porter's Neuropsychological Evaluation, January 3, 2017;
- Sun Prairie High School Behavior Detail Report, January 8, March 11, March 15, and May 19, 2016;
- Marcela's therapy plans, August 14, 2012 – November 12, 2015;
- Madison Police Department records of sexual assault, April 20-22, 2015.

METHODS OF EVALUATION

- Review of records/documents;
- Clinical interview of Marcela Vargas and her mother, Mayra Vargas, December 28, 2018, and January 7, 2019.

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SUMMARY OF EVALUATION

Mental Status Evaluation

Marcela Vargas, her mother Mayra, and the Spanish interpreter, Itchel Mozo, arrived for both interviews on time. Mayra provided the majority of information regarding her daughter's symptoms and functioning as Marcela answered questions with only a few simple words such as, "I don't know," "Yes," "No," or "Bad." Additionally, Marcela often did not seem to understand questions or how to answer them. At those times, Marcela did not answer, said "I don't know," or she responded in an acquiescing style with "yes." Attempts were also made to clarify Marcela's understanding of simplified questions or to clarify what Marcela meant. Mayra often attempted to assist in this process by talking to her daughter in Spanish, but it was not clear if Mayra added information or her own explanations to Marcela's short answers.

Marcela appeared younger than her age, slightly overweight with more weight distributed around her belly, and she was cleanly and casually dressed. Despite a moderate room temperature, she wore her zippered winter coat through most of the interviews before unzipping it. Gait was normal, and Marcela sat quite still during both two-and-half-hour evaluations. Mood was generally flat with restricted affect except for a few situations. Although Marcela responded with smiles when this evaluator smiled to her or talked about her favorite things, she bent her head down and became tearful twice when Mayra described her daughter's threatening and aggressive behaviors toward her and family members. When Marcela was asked what happened with the boy at "Memorial High School," her mood and affect remained flat. She responded that he "touched lips and 'bagina'" and pointed to each body part. She then bent forward with her hands around her belly and moaned. When asked whether her stomach hurt, Marcela said, "Yes." When asked what made her stomach hurt, Marcela said, "Baby." When asked what else hurt, Marcela said, "Back" and later, "Head." When asked when her head hurts, Marcela said, "All the time," but Mayra noted that Marcela does not complain of headaches every day. Mayra also stated that every time the "abuse" is discussed, Marcela says she has a stomach or backache.

Aside from this, Marcela's eye contact was appropriate when addressed. She appeared to listen at times but otherwise looked around the room or out the windows. Speech was soft in tone, often muddled or without clear articulation, but normal in rate and prosody. Marcela's verbal responses typically involved 1-5 simple words, often without both subject and predicate, and often without personal or possessive pronouns. Attention and concentration were modest. Orientation was difficult to assess: Marcela did not know the day of the week but knew the date and looked at the clock to provide an answer about the time. She knew her birthdate. She incorrectly identified her home town as Wisconsin, did not know the president, and could not count backward from 20. Her favorite singer was "Bieber" or Justin Bieber. Relatedly, memory, logic, and goal-directed speech appeared compromised by Marcela's moderate-to-severe intellectual disability, communication impairments, and acquiescent style. Thought patterns and content were simple, and very concrete as indicated by speech. Grave impairments in depth and breadth of vocabulary and lack of educational achievements indicated severe

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intellectual disability. Judgement and insight were severely limited. Marcela denied hallucinations, and Mayra denied that her daughter had ever attempted suicide or homicide.

Overall, Marcela's participation appears to be a valid reflection of her current functioning as she demonstrated interest, effort, and motivation to participate based on her voluntary responses. Her mental status, communication, and other behaviors also correspond to her 2017 neuropsychological evaluation indicating intellectual disabilities and global functioning equivalent to that of a 5 year-old child. As a result, typical assessments of psychological symptoms could not be used. Information about Marcela's symptoms were reliant on observations by this evaluator, Marcela's mother, and clinic, hospital, and school records.

Medical History

Mayra reported that her daughter most likely experienced anoxia at birth although she was never told what was going on at the time. Developmental milestones were delayed in that Marcela was not walking well at 2 years old, was mostly pointing rather than talking at 4 years old, and was not toilet trained until after 5 years old because she "could not understand the need to go to the toilet." Otherwise, Mayra noted that Marcela has been physically healthy without a history of chronic or acute illnesses or injuries, head injuries, broken bones, surgeries, glasses, or hearing aids. A procedure occurred a few years ago to remove a cyst on Marcela's back. Psychiatric records indicated that Marcela gained over 30 pounds when prescribed Olanzapine/Zyprexa during hospitalizations beginning in 2011. Although she has lost some of this weight with medication changes, Marcela appears moderately overweight with most of this weight distributed around her belly. At 5 feet, 3 inches, Marcela weighs 173 pounds as noted in her October 8, 2018, psychiatric record.

Medications

Marcela has received psychiatric care from Journey Mental Health Center since 2012. She has been prescribed birth control since 2013 and currently has implantable Nexplanon for birth control. She receives Invega Sustenna 78 mg injections monthly for psychotic symptoms. Invega 6 mg tabs are prescribed for breakthrough psychotic symptoms and Ambien 5 mg as needed for sleep.

Several different antipsychotic, anti-anxiety, and sleep medications have been tried since Marcela's 2011 hospitalizations and outpatient treatment. Olanzapine/Zyprexa was typically used during hospitalizations, but it has contributed to considerable weight gain and sluggishness. Adjunctive medications such as Lorazepam and Trazodone for insomnia also contributed to excessive sleepiness/sluggishness and subsequent refusal getting up, going to school, and participating in activities. When Marcela began refusing to take her Abilify tabs in March 2015, she was switched to Abilify injections. Mayra discontinued these injections in November 2016 when thinking they led to Marcela's increased aggression. After her neuropsychology evaluation in January 2017, Marcela was prescribed the antidepressant sertraline for post-traumatic symptoms in early March 2017 despite her prescriber's concerns. Within 30 minutes, Marcela developed

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manic and psychotic symptoms, and she was hospitalized at St. Mary's hospital and the UW Hospital in March 2017 for seven days. She was prescribed the antipsychotic Invega Sustenna injection afterward and has remained "calmer" with this medication than any others according to Mayra.

Substance History

Both Mayra and her daughter denied Marcela's use or history of nicotine, alcohol, and licit/illicit substance use.

Psychological History

Because Mayra provided historical information about Marcela's mental health history in this evaluation, some difficulties arising from Spanish to English translation occurred regarding accuracy of symptoms and time frames. Thus, Mayra's information will be integrated with outpatient and inpatient mental health records. However, it should also be noted that, similar to this evaluation, Mayra provided most of the information about Marcela's behaviors and symptoms to clinicians too. This is obviously due to Marcela's moderate-to-severe intellectual disability and related communication impairments which prevent her from understanding and describing complex emotions and thoughts accurately. As a result, clinicians' clear understanding of Marcela's symptoms and reasons for them were complicated by several factors: Mayra's observations and information about her daughter's symptoms were spoken in Spanish and translated to English through computer-assisted translation or different Spanish interpreters. Additionally, assumptions about Marcela's behaviors and symptoms by Mayra and mental health clinicians may have complicated a clear understanding of Marcela's emotions and thoughts especially when these internal symptoms depend on personal report. Since noticeable negative behavior change and signs of painful emotions following stressors become criteria for mental health disorders among small children and those who cannot communicate effectively, Marcela's clinicians provided a great deal of observational data to justify their diagnoses and treatment. Nevertheless, a clear and accurate view of Marcela's mental health symptoms and reasons for them was not always possible unless she was flagrantly psychotic. See Addenda A-D for additional information.

Family and Personal Mental Health History

Regarding family mental health history, Mayra denied family members experiencing mental health disorders.

Regarding Marcela's mental health history, Mayra stated that her daughter has always had mental health problems along with her developmental delays. Records indicated that while Marcela's communication difficulties were eventually identified as a Speech/Language Impairment, her intellectual difficulties were not properly understood until 2017 when she was diagnosed with a Moderate-to-Severe Intellectual Disability and moderate-to-severe global impairments. Dr. Porter described that such a diagnosis indicates that Marcela has been trying to understand her world and to function in it at the 5 year-old level. However, records and Mayra's reports indicate that Marcela's functioning regresses under stress to even lower levels. Because Marcela has

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experienced numerous chronic stressors during most her life, it appears that she has been trying to understand and adjust at a 3-5 year old level when more impulsive reactions occur. Stressors have involved multiple moves and changes in schools since immigrating to America in 2004, her mother's divorce, two changes in her mother's partners, the births of two siblings since her mother's divorce, Marcela's biological father's abandonment of her, inability to see her biological sister who lives with their father, limited finances from her mother's immigrant status and changing marital status beginning in 2006, lack of consistent health insurance and adequate access to medical and mental health services, limited transportation, language barriers, difficulty accessing appropriate academic services until high school years, and family conflict arising from family members' lack of understanding of Marcela's mental health disorders and how to cope with them on parental and sibling levels.

Marcela's first disabling emotional, behavioral, and psychotic symptoms began in 2011 at age 13 after her mother experienced domestic abuse and about a month after her family moved. She was then hospitalized. In this and most hospitalizations thereafter, an identifiable high-intensity stressor or stressors triggered a cycle of manic-like symptoms, psychoticism, decompensation in functioning, and eventual hospitalization. Each time Marcela was hospitalized, this cycle began with inability to sleep for several days, pressured, racing, and irrational speech, irritability, physical and verbal aggression toward family members, disorientation, and auditory and visual hallucinations about scary animals or people. Behavioral decompensation involved unintelligible speech with inability to understand or follow directions and odd behavior including nakedness in public and urinating on herself in subsequent years. Due to Marcela's aggressiveness, Mayra hid knives and other sharp objects, and police were often called due to Marcela's threatening behaviors. During the first hospitalization in 2011, Marcela also complained of tooth pain. Back and stomach pain became more frequent complaints in other hospitalizations. Overall, Marcela's six hospitalizations typically lasted a week until symptoms dissipated and functioning returned to baseline while treated with the antipsychotic Olanzapine/Zyprexa. Marcela also experienced side effects of extreme weight gain and sluggishness since providers continually used this medication primarily to treat Marcela's symptoms.

In March 2012, Marcela's second hospitalization occurred at Winnebago Mental Health hospital when she began missing her mother while living with her biological father and sister in Boscobel, WI. (These records were not available for this evaluation). Outpatient medication services and therapy began at Journey Mental Health Center in June 2012 after Marcela returned to her mother's home. Early treatment records indicated that Mayra preferred that Marcela remain off medications and try therapy instead. Records also demonstrated that Mayra did not clearly understand her daughter's symptoms, especially her intellectual and communication disabilities, and how they affected her functioning – a situation that was observed during the current evaluation. After Marcela's initial appointment in June 2012 at Journey Mental Health Clinic, irritable and aggressive behavior problems continued, sometimes involving the police. In September 2012, Marcela transferred to James Madison Memorial High School, and she witnessed domestic abuse between her mother and partner. The cycle of symptom exacerbation

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including hallucinations occurred after these stressors, and Marcela was hospitalized a third time by mid-September 2012. During this hospitalization, Marcela first reported being pregnant, and this was noted in subsequent hospitalizations and outpatient records as well. Troubles acquiring adequate medications after this hospitalization most likely contributed to Marcela's hospitalization in November 2012. Thereafter, behavioral instability, including verbal and physical aggression, occurred several times through 2013 and early 2014. While Marcela was absent 54 days during the 2010-2011 school year, she was absent 108 days during the 2012-2013 school year and 230 days during the 2013-2014 school year. Marcela was hospitalized again in June 2014. At that time, stressors involved Marcela missing her biological father and sister, her father's refusal to allow Marcela to visit, and a custody dispute between her parents.

After the June 2014 hospitalization, therapists suspected post-traumatic symptoms since Marcela had previously witnessed her mother's domestic abuse (the date of this abuse is unknown but likely occurred before 2012). Inappropriate assessment methods geared toward average-level readers in English and Spanish were used with both Mayra and Marcela to gather information about Marcela's trauma-related thoughts and feelings despite her intellectual and communication disabilities. It should be noted that Marcela's therapist diagnosed her with Post-traumatic Stress Disorder in July 2014 based on this inaccurate assessment strategy. In mid-August 2014, clinic records indicated that a new caregiver had allowed Marcela to view a horror movie which led to her insomnia, "hypervigilance," and feeling unsafe. Although fairly stable symptoms were reported through December 2014, oppositional, aggressive behaviors were reported several times between February and mid-April 2015. Marcela spoke frequently about her desire to have a boyfriend and a baby after watching a TV show on childbirth. She resisted doing chores, selfcare, and taking medications. Additionally, CPS was called when Mayra hit Marcela in self-defense after Marcela threw things, punched a hole in the wall, and used a knife against her mother on April 15, 2015.

Marcela was sexually assaulted on April 20, 2015, by a male student at James Memorial High School (see police report of this date below). Although Marcela was not hospitalized immediately after this, outpatient records identified possible signs of Post-traumatic Stress Disorder. They also identified a return of Marcela's manic-like, psychotic symptoms. For example, insomnia and increased aggressiveness were noted on April 30, 2015, along with changing clothes frequently at night, nightmares, crying during talk about the sexual assault at the clinic, body pain, and hallucinations on May 1, 5, and 8, 2015. Although Marcela's mental health providers described her symptoms as trauma symptoms related to the April 2015 assault, it should also be noted that Marcela's nurse prescriber accurately indicated that she was "unable to assess" them completely on May 12, 2015. This was most likely due to Marcela's intellectual and speech/language disabilities, consequent inability to understand and communicate complex psychological information, and difficulties with translating Spanish to English. James Madison High School records indicated that while Marcela experienced 39 absences in the first semester, she had 191 absences in the second semester. By June 2015, Marcela's treatment providers attempted to control her symptoms by making medication changes, referring her for treatment at the Rape Crisis Center, and providing

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yet another referral to a trauma therapist who could work with Marcela's intellectual disabilities in July 2015.

Marcela's aggressiveness and emotional instability were noted at least monthly in outpatient records thereafter. Stressors also occurred which most likely contributed to additional emotional and behavioral problems. Mayra gave birth to a son in July 2015, and Marcela's aggressiveness increased to include threats about hurting the baby. Although a slight decrease in "trauma symptoms" related to the April 2015 sexual assault was noted in September 2015, Marcela's aggressiveness continued until police and CPS were called due to an aggressive interaction between Marcela and her mother. By that time, Marcela had 40 absences at school. She was placed in foster care in November 2015, transferred to Sun Prairie High School, saw her family on supervised weekends, and continued treatment at Journey Mental Health Center. Marcela's talk of and interest in babies increased along with preoccupation with sex according to December 1 and 22, 2015, records. Behavioral problems continued in following months as well. Sexual contact with a "boyfriend" at Sun Prairie High School was reported in clinic records from February 23, 2016. Clinicians recorded confusing information about this incident: they concluded that Marcela did not have any trauma symptoms when her intellectual and communication disabilities prevented her from understanding questions about trauma symptoms. They also concluded that Marcela was "making up stories" about this sexual incident (March 16, 2016), and that she initiated the sexual incident (May 17, 2017). By May 31, 2016, Marcela's behavior problems had decreased since Marcela and her boyfriend were not allowed to see each other according to a record from this date. (See Sun Prairie High School Behavioral Detail Reports for more information in Educational History below). Marcela's continued behavioral problems were noted at least monthly again.

Marcela returned to her mother's home from foster care in early August 2016 and transferred back to James Madison High School. Although Marcela was described as "doing well" and denying trauma symptoms on September 4, 2016, she was arrested for severe aggressive behavior on October 25, 2016. She was also escorted by police to the ER on November 11, 2016, for aggressive behavior, hallucinations, and insomnia. Mayra then discontinued her daughter's antipsychotic medication since it appeared to trigger aggressiveness. Police were called to the home again for Marcela's emotional and behavioral aggression on December 12, 2016. At that time, Marcela's treatment providers observed her "anxiety" when talking about her sexual trauma (perhaps the April 2015 sexual assault), and they questioned whether trauma-related therapy was exacerbating her symptoms. They did not question whether the absence of Marcela's antipsychotic medication was contributing to her "anxiety" and other signs of emotional distress.

In January 2017, police were called to Marcela's home again. Meanwhile, Dr. Porter's 2017 neuropsychological evaluation identified Moderate-to-Severe Intellectual Disability with moderate-to-severe global impairments, Language Disorder, Speech Sound Disorder, and Post-traumatic Stress Disorder. (See Addendum C). Police were called regarding Marcela's behavioral problems again, and a March 6, 2017, psychiatric record

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noted that Marcela was "fixated on the trauma" and had threatened to kill her family. On March 18, 2017, Marcela began Sertraline for Post-traumatic Stress Disorder (PTSD). Shortly thereafter, manic-like symptoms began with delusional thoughts, behavioral decompensation, and pain. She was taken to Meriter ER and St. Mary's that day and was later hospitalized at UW hospital from March 23-27, 2017. Thereafter, outpatient records indicated that Marcela experienced "anxiety" at school. Although Marcela's clinic records are missing from May 2017 to March 2018, remaining records from April through October 10, 2018, indicate that she received a monthly antipsychotic injection, and a medication for insomnia was discontinued. Verona High School's sparse records demonstrate that Marcela was absent frequently in the third quarter and especially fourth quarter of the 2017-2018 school year. It appears that Marcela experienced some psychological stability during this time as extreme emotional and behavioral dysregulation was not reported through the last available clinic record in October 2018. In the meantime, Marcela had lost her in-home therapy and other wrap-around services when she turned 19 years old.

Information regarding Post-traumatic Symptoms

When individuals experience a potential trauma, information is gathered from them about pre-trauma symptoms and functioning, thoughts, feelings, and experiences during the trauma, and post-trauma symptoms and functioning. Since Marcela's intellectual and communication disabilities prohibit her from understanding and communicating clearly about any psychological experiences, Mayra provided a great deal of this information. As noted earlier, both Mayra and Marcela's responses were limited to some degree by Spanish-to-English interpretation. More particularly, Mayra's reports of Marcela's behaviors not only included concrete observations, but they also included assumptions about what internal symptoms Marcela has been experiencing.

Pre-trauma Functioning

When asked to describe her daughter prior to the April 2015 sexual assault and February 2016 incident, Mayra reported that Marcela always had a "small child mentality" such that she has fought over toys, would get mad and throw things when frustrated, and wanted her mother's attention at home. She seemed happy at school even though she missed school because of mental health symptoms or hospitalizations. She never had friends her own age because she did not know how to talk or play with them, and she has preferred young children about 3-4 years old. Mayra said that her daughter occasionally talked about being pregnant after she got her period in 2011. Although Mayra did not seem to understand what triggered Marcela's sleeplessness, irritability, aggressiveness, and hallucinations, records indicated that, beginning in 2011, these manic and psychotic symptoms typically increased when Marcela experienced more intense stressors. Records also indicated that these symptoms increased when she did not take her antipsychotic medication (see November 2012 hospital records).

Trauma History

As noted earlier, Marcela was asked what happened with the boy at "Memorial High School" in April 2015 during the first interview. She responded that he "touched lips and

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'bagina'" as she pointed to each body part. She then bent forward with her hands around her belly and moaned. Marcela indicated affirmatively that her stomach hurt, and that it was a "baby" that made her stomach hurt. Back and head pain were identified as well. In the second interview, Marcela was asked the same question in more detail about the April 2015 sexual assault. She described having math first, lunch next, and then going down the stairs near the gym. A boy named Nicky came down the steps and asked "if I want to have a baby." Then, "He pulled down my pants...touched my bagina." When asked what she thought about then, Marcela said, "Tell the teacher. Tell the nurse." When asked how she felt about all this, Marcela said, "That's sad." When asked about other feelings, Marcela said that her stomach "hurt" and she felt "sick," but she did not know what made her stomach hurt or feel sick. When asked what makes her feel better at these times, Marcela responded that "medicine" (antacids from Mayra), watching TV, and coloring help her feel better.

Marcela was also asked what happened with the boy at Sun Prairie High School during the second interview. Although the events are not entirely clear from her report, Marcela described that she was going to the bathroom and "kids were in front" and behind her. When she went into the bathroom, a boy named Gordie, said he "wanted to have sex again." Marcela said, "not anymore." He then had "sex with me in the bagina...with his penis." When asked what she thought at the time, Marcela said, "It's bad...I get sick. My stomach hurts." When asked what she did then, Marcela responded that she said "stop," and he then stopped. After that Marcela went into the hallway where a teacher was. She went to the nurse after lunch, but Marcela did not know/remember what the nurse said. Marcela was asked how she feels when she thinks about this event, and she responded that she feels "bad," that her "stomach hurts," and she feels "scared." During both interviews, Marcela's emotional expression was consistently blunt when talking about these incidents and about other situations as well. By comparison, Marcela became tearful twice when Mayra talked in negative terms about her daughter's aggressiveness and its effect on her and family functioning.

After Marcela described these events, Mayra was asked in the second interview to describe the 2015 assault and 2016 sexual incident. She provided a short description of each incident and described feeling angry and sad that her daughter experienced these situations and that both schools did not protect her daughter when she has always required constant supervision. Marcela's affect appeared blunt and restricted during her mother's descriptions. Marcela was asked how she felt when her mother was talking about each situation, and she responded that she felt "bad," "scared," and "sad."

Post-trauma Functioning

Since experiencing the April 2015 sexual assault at James Madison Memorial High School and February 2016 sexual incident at Sun Prairie High School, several symptoms and behaviors have changed or increased according to Mayra. After the 2015 assault, Marcela's anger and aggressive behaviors toward family members increased to the point that the police, social services, and CPS became involved, and Mayra found it "impossible to live with Marcela." Although records indicate that CPS was called in mid-April 2015 and in early November 2015, Mayra described only the latter

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incident. She related that Marcela told teachers that her mother was hitting her, and they found a bruise on her foot (school records indicate multiple bruises). Though Mayra said that the bruise occurred when Marcela tried to lift a bed with her foot, she also described trying to defend herself from Marcela's attacks (see description of this event above). Marcela was then put into foster care with Ferry Neely from November 2015 to August 2016. She attended Sun Prairie High School where she experienced a sexual incident in February 2016.

Additionally, Mayra said her daughter has wanted more attention from her mother after the April 2015 and February 2016 incidents. She said Marcela will follow her around the house or insist that a sibling moves so that she can sit next to her mother. She often waits up at night for her mother to return from her evening job. She is also unmotivated for any activities and refuses to do her chores. In public, Mayra said that Marcela is "scared" in crowded public places especially when men are present, and she typically grabs her mother's hand. Although grades have not changed at school because special education teachers have "just passed her along," Mayra said that Marcela has been "scared of school" and refuses to attend since the April 2015 and February 2016 sexual incidents. When asked more specifically about school absences, Mayra stated that Marcela has recently refused to attend school at all for more the past two-or-more months. When asked what she was scared of at school, Marcela responded that she was "scared of boys" because "they look at me too much. I want to be at home."

Marcela's somatic complaints and frequent talk about the 2015 assault and about pregnancy have increased especially since the April 2015 sexual assault and February 2016 sexual incident according to Mayra. She noted that Marcela complains about stomachaches, backaches, and headaches more frequently. Mayra reported that Marcela will "tell anybody" about the sexual assault (presumably the April 2015 assault). She also "insists" that she is pregnant and continually talks about having a baby in her belly to family members, friends, or other people – a situation that has become quite frustrating for Mayra and other family members. Relatedly, Marcela's 12 year-old brother has asked her why she talks about this and has told her many times to stop talking about the topic. Mayra also showed this evaluator several recent text strings from Marcela involving simplistic statements about belly pain and having a baby and internet links about pregnant women. In September 2018, Mayra noted that Marcela's belief about being pregnant led her to call the ambulance from school without Mayra knowing this. She told paramedics about her stomach pains and a baby in her belly, and they took her to the ER where a pregnancy test and medical check were negative for pregnancy. In late December 2018, Marcela called 911 asking to be taken to the hospital again. Mayra intervened when police came, told the police about Marcela's "assaults," and asked the police not to respond to such phone calls. Nevertheless, police made a report about Marcela's frequent phone calls.

Additionally, Mayra said that Marcela has come to understand that the birth control implanted in her upper arm prevents pregnancy, and "she *thinks* it's my fault (emphasis mine)" that she has the implant. Marcela tells her mother often that "she wants that removed" *because* "she *wants* to be pregnant (emphasis mine)." Although Mayra tried

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ignoring Marcela's talk about this at first, her attempts to remove the implant with a knife and pin have become frustrating and worrisome. Mayra summarized, "I want to know what she thinks about what happened (with the trauma and sexual incident). All she thinks about is having a baby. She talks to anyone about this."

Current Symptoms

Although Marcela was asked simple questions about different mental health symptoms, she often did not appear to understand emotions or emotional concepts. For example, Marcela was asked how she was feeling on the first interview day. She responded, "Bad." When asked what was making her feel bad, she said, "Body hurts"... (where does your body hurt?)... "all over." Later, when asked whether she tries to stop thinking about the sexual assault (an avoidant symptom of PTSD), she responded, "I don't know." When asked whether she has ever tried to hurt herself, Marcela responded, "Yes." However, when clarifying her understanding of this question, Marcela was asked what she had done to hurt herself. Marcela responded, "Nothing." In that situation, Marcela's mother then described several incidents in which Marcela tried to remove her birth control implant with a knife and again with a pin (see above). Overall, Marcela's responses were often double-checked with her mother because of Marcela's intellectual and communication disabilities. Mayra again provided most of the information about specific trauma, depression, anxiety, and psychotic symptoms.

Regarding symptoms occurring on a *daily basis*, both Marcela and her mother said she was afraid to be on her own at home and afraid to be in crowded places like the mall or fast food restaurants especially if "a lot of guys" are there according to Marcela. While Marcela said she fears that something bad might happen to her mother or herself, Mayra reported that Marcela seems more "clingy" by following her from room to room at home (see above also) and staying close to her mother in public. She will play with younger children, such as the three-year old downstairs, but she avoids people her age or older, and only seems to "trust" Mrs. Sobee, her favorite teacher, at her school according to Mayra. Additionally, Marcela will often tell her mother that people do not like her when they look at her in public and that they say "bad things" about her. Although Marcela was absent from school prior to the 2015 and 2016 incidents due to hospitalizations or severe mental health symptoms, Mayra said that absences escalated after these incidents to the point that Marcela currently refuses to go to school (see information above and in Educational History below). When asked what school was like and how she felt about it at different times during both interviews, Marcela provided various responses. She said, "I don't like school," that she gets "bored" at school and does not like to color pictures there, that she would like to work at school doing daycare (even though she has never done this), and that her teacher makes her mad by making her to do things. She also said that school makes her feel "scared" and "sad," but she could not explain reasons for these emotions. When talking specifically about the April 2015 assault and 2016 sexual incident and feeling scared at school, Marcela described feeling "scared of boys" because "they look at me too much. I want to be at home" (see above).

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Regarding other *daily symptoms*, Marcela reported having trouble sleeping and having bad dreams which Mayra described as occurring several times per night. Neither could describe the content of these bad dreams, and records indicated that nightmares occurred both during psychoticism and after the April 2015 sexual assault. Mayra also described Marcela as unmotivated for activities, chores, or starting and maintaining conversations. Additionally, Mayra said that her daughter seems more fatigued and does not seem happy or interested in things like she was a few years ago. Mayra described Marcela as having more difficulty concentrating, being more easily frightened, jumpy, and looking around herself because she seems to fear her safety. Relatedly, Mayra reported that Marcela often checks the locks and keeps the doors locked such that Mayra was locked out of their apartment for 1 ½ hours during a recent afternoon.

Symptoms occurring *several times per week* especially after the 2015 sexual assault and 2016 sexual incident include Marcela remembering the events. Although memories are internal events, Mayra indicated that Marcela's memories are evidenced by her daughter's talks about these events. When asked how she feels when thinking about these events, Marcela said that she sometimes feels "scared" but reported more frequently feeling "mad" and experiencing stomach and back pain. When asked several times what makes her "mad" about these events, Marcela provided various responses. She said that her stomach, back pain, and headaches make her mad, lunch at school makes her mad because her stomach hurts more afterward, "bad boys" at school make her mad as do her sister and brother, little children, "mean people," chores, and going to sleep. Mayra also said that her daughter's appetite varies from eating too much to too little during the week.

Although Marcela has cried and been aggressive at times prior to the 2015 sexual assault and 2016 incident, Mayra stated that Marcela "will just start crying and screaming" during the week without apparent reason. Mayra stated that Marcela is currently more rude, impulsive, and aggressive with family members, and "any little thing could start her screaming, saying bad words, and hurting family members by hitting, scratching, and digging her nails in." For example, Mayra noted that Marcela has hit and pushed her sister when in the car with Mayra, she has slammed the window on her sister's fingers, and in July or August 2018, police were called after Marcela ripped her mother's shirt and choked her. Consequently, Mayra stated that she is afraid of Marcela, and she is afraid that Marcela will hurt her younger brother and sister. Even though Marcela's siblings do not know about the sexual assault and may not clearly understand her mental health disorders, her 12-year-old brother has said he does not like her and her 3-year-old sister has said she does not love her. As Mayra was talking about this, Marcela looked down and became tearful. When asked what she was thinking about, Marcela said she did not "want to talk about it." When asked if she was sad because she had tears on her face, Marcela nodded affirmatively.

Other symptoms occurring several times per week include Marcela feeling afraid to go to sleep on her own such that she often sits in the dark waiting for her mother to come home from work at night (see above). At times, Marcela does not want her mother to go to bed after work, and currently, Mayra described that she "can't take it anymore"

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because she is very tired. Mayra also said that Marcela is "anxious" about her birth control implant because she "knows she cannot have a baby" with that in her arm. While it is not known whether Marcela actually thinks and feels anxious about the implant, whether she understands that it prevents pregnancy, or whether she dislikes an implant in her arm, Marcela has locked herself in the bathroom and tried to remove the implant with a knife or pin before Mayra resolved the situation.

Symptoms occurring *several times per month* include Marcela mentioning death about once per week. Episodes of excessive energy also occur when Marcela's hands shake, and she talks quite a bit to herself and others.

Mayra was asked about stressors that trigger Marcela's crises with hallucinations. It was interesting to note that Mayra could not identify triggers despite Marcela's many psychotic crises. However, she noted that psychotic episodes typically begin with lack of sleep, being over tired, and "talking nonsense about anything." Although psychotic symptoms of auditory and visual hallucinations have not occurred for a while, their themes have consistently included scary animals, people, and situations. (See clinic and hospital records for more examples in Addenda A and D).

Activities of Daily Living (ADLS)

Mayra reported that Marcela typically wakes at 11 AM or 12 PM since she usually wakes in the middle of the night or stays up to wait for her mother to get home from her evening cleaning job and naps during the day. Either Mayra or another adult supervises and cares for Marcela at all times by cooking and serving her food, assisting with showering and other selfcare, or guiding Marcela in doing chores. Although Mayra and in-home therapists have worked with her to become more independent, Marcela has refused to do chores or personal care when in-home services were discontinued. Mayra said that Marcela also is afraid of getting burned when cooking and needs constant reminders about doing chores and about how to do them. Although the family tries to eat together, Mayra said they often cannot because Marcela is irritable and may become aggressive. Bedtime for Marcela is approximately 11 PM. When asked what Marcela's favorite things were to do, Mayra stated emphatically, "Nothing." Marcela indicated that she likes coloring, playing with her doll, watching TV, or playing with the three-year old boy who lives in the apartment below.

What Makes Things Better/Worse

When asked what helps Marcela, Mayra responded that her daughter wants "all of my attention" and is happier when she gets that attention. Relatedly, Marcela was asked how she felt and "what it's like" when her mother was gone. She responded "scared." Mayra also said that Marcela's in-home therapy and exposure to music and dancing made her happier. Though Marcela lost wrap-around community services when she turned 19, Mayra hopes Marcela will receive one-on-one help and other services again because she was happier and functioned better with the extra help and guidance from these many services.

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Goals

When asked about goals for Marcela's future, Mayra said that she hopes Marcela will be able receive comprehensive services again soon. However, Mayra also identified several unrealistic goals despite Marcela's moderate-to-severe intellectual disability, moderate-to-severe global impairments, and stress responses including behavioral and emotional dysregulation and psychoticism. Mayra stated several times that she would like her daughter to become more independent, work, and experience an adult romantic relationship. For example, Mayra said, "It hurts how she went through the sexual assaults instead of normal development with dating. Since they took advantage of her, I don't see her forming a life or having a future." When asked what she meant by this, Mayra responded that a boy at school really likes Marcela, but she does not like him. Though school staff encouraged Marcela to practice communicating with him during a supervised lunch at the cafeteria, it did not go well. Mayra said, "I want her to have that feeling of liking him or another boy." She also said that she believes Marcela wants to have a relationship like her mother and step-father currently have but that she does not know how to make that happen.

Psychosocial History

Marcela was born in Honduras and lived there with her mother, father, and sister until they moved to the United States in 2004 to obtain services for Marcela, age six at the time. The family lived in Texas and moved to Wisconsin in 2005. They moved several times within the state before her parents divorced. Marcela's biological father, Henry, and sister Katherine (18 years old) live in Boscobel, WI. Although Mayra said Marcela loves him, he shows no interest in Marcela and refuses to allow her to visit him and Katherine. Mayra currently works as a supervisor of a cleaning company during the evenings but will likely quit this job as she has done with previous jobs. Regarding this, Mayra said that Marcela demands her attention, does not let her sleep, and few people are willing to care for Marcela who requires constant supervision. Mayra has been together with Geraldo, a construction worker, since 2012 and married since 2016. Mayra currently has custody of Marcela, guardianship of her since May 2017, and Marcela received her residency in November 2018. Their family includes Marcela, Jonathon (13 years old), Gerald, (5 years old), and Lea (3 years old).

When discussing family and friend relationships, Mayra described that Marcela's behaviors have affected all family members. Although her husband has treated Marcela as his own child, he recently asked to separate because he is "tired" from Marcela's emotional and behavioral problems. Mayra has encouraged him to stay in the marriage because she hopes good things will happen for Marcela in the near future. Regarding her own relationship with Marcela, Mayra said that she is the only one that shows her love, but she also said, "I'm scared of her." As noted previously, it also appears that Mayra does not understand the severity of Marcela's intellectual disability, related global impairments, psychotic disorder, or other symptoms. In another example of this, Mayra said, "It's not logical. Everyone is sleeping, but she (Marcela) is sitting there in the dark" waiting for Mayra to come home from her job. Although mental health records suggested that Mayra and Marcela might not converse well because Mayra only speaks Spanish and Marcela speaks both Spanish and English, Mayra described having no

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difficulties communicating with Marcela since she knows both Spanish and English. Regarding sibling relationships, Mayra said that Marcela has not gotten along with her siblings over history, and they reject her because of her aggressiveness. Aside from family relationships, Mayra reported that Marcela has never had any friends because she does not know how to interact with them. At the current time, Mayra said that downstairs neighbor will occasionally watch Marcela who then plays with her three-year child. Mayra noted that Marcela has gotten along best with this child compared to older children, peers, or adults.

Education: Marcela attended 7th grade at Cherokee Middle School (2010-2011) and part of 8th grade at Toki Middle School before being transferred to James Madison Memorial High School in September 2012 for 9th grade to obtain additional special education services. (2011-2012 records are missing). Shortly after this transfer, Marcela was hospitalized from September 18-25 and again from November 27-December 4, 2012. During 10th grade at the same school (2013-2014), Marcela was cited for hitting a student and refusing to do her work in October and November 2013, respectively. She was hospitalized from June 5-14, 2014. During 11th grade (2014-2015) at the same school, Marcela experienced a sexual assault on April 20, 2015 (see Police Report below). During 12th grade at James Madison Memorial High School (2015-2016) escalating behavior problems led to foster care placement from November 2015 through August 2016. While in foster care, Marcela attended Sun Prairie High School, and a sexual incident was reported in February 2016. Although the date of the incident is unclear, Behavior Detail Reports from Sun Prairie High School indicated that Marcela said that two students told her where she could have sex in the building (January 8, 2016). Teachers had been overseeing Marcela and her boyfriend who had been talking about sex and having a baby. Marcela reported that her boyfriend touched her "bagina" in gym class (March 11, 2016). A male student acknowledged touching Marcela "down there" while Marcela reported that "he licked my bagina and I kissed his private" (March 14, 2016). Marcela and a male student were seen coming out of the girls' bathroom, and a camera showed they were together 3-3.5 minutes "pretending to have sex with their clothes on" and doing "sex things" (May 19, 2016). After being returned to her home in August 2016, Marcela was enrolled in Verona High School's Badger Prairie Needs Network for the 18-21 year-old special education program for the 2017-2018 school year. Sparse records exist thereafter, except for teachers' reports on emotional/behavioral issues limiting goal achievement in the second quarter of Marcela's 2017-2018 school year, sporadic attendance during the third quarter, and lack of attendance during the fourth quarter.

Absences at school escalated from 54 at Cherokee Middle School during 7th grade (2010-2011) to 104 absences after transfer to James Madison Memorial High School (2012-2013) for 9th grade. (Again, 2011-2012 records are missing). During the first semester of the 2012-2013 school year, Marcela was hospitalized twice. In 10th grade (2013-2014), 230 absences were noted with more than half occurring during the fourth quarter. Marcela was hospitalized in June 2014. During 11th grade (2014-2015) Marcela had 208 absences. She had 36 absences in the third quarter, the sexual assault occurred in April 20, 2015, and 133 absences occurred in the fourth quarter. During 12th

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grade (2015-2016), Marcela experienced 40 absences at James Madison High School before foster care placement in November 2015 and transfer to Sun Prairie High School. No attendance records were available for Sun Prairie High School where Marcela also experienced a sexual incident in February 2016. Marcela was transferred to Verona Area High School Badger Prairie Needs Network in August 2016 after moving home from foster care. Records for the 2016-2017 school year at this school were not provided. As noted above, limited records for the 2017-2018 school year indicate that Marcela's attendance diminished especially during the third and fourth quarters. Mayra also stated that Marcela has refused to go to school for the past several months. See Addendum E for additional Education Records.

Jobs: Marcela is unable to work independently. She has been supervised during job training in her 18-21 year old program at Verona High School where she worked in the cafeteria, at the Pizza Ranch, and at the Goodwill Store. She reported that her favorite jobs were cleaning tables, bathrooms, and mirrors.

Military and legal history: Marcela has not been in the military. Aside from the current lawsuit, legal issues have involved police being called numerous times since 2011 because of Marcela's aggressive and/or psychotic behaviors. Mayra reported that police were last called in September 2018 when Marcela became angry about the way her step-father was using the microwave and again two weeks before this evaluation when she wanted to go to the hospital. See Journey Mental Health Center and Hospital records for additional references in Addenda A, B, and D.

Madison Police Department Records of 3rd Deree Sexual Assault, April 20-22, 2015

Officer Henderson spoke with Principal Hartman, Marcela Vargas and her mother, and the SANE nurse at Meriter hospital about Marcela's reported sexual assault on April 20, 2015. Detective Kamoske interviewed Principal Hartman, the male student offender and his guardian, and an officer from the offender's previous school on April 21, 2015, and viewed a seven-minute video of the stairwell during the assault. He also interviewed Marcela (age 16, 11th grade) with her mother at Safe Harbor on April 22, 2015. In review, Marcela reported to Officer Henderson that the male student had told her to go down a stairwell with him at school. Under the stairwell, the student began kissing her, pulled down her pants, and put his penis in her groin area despite Marcela telling him to stop several times. While at Meriter hospital for a SANE exam, Marcela told Officer Henderson that she and the male student had sex on two previous occasions. She indicated a potential understanding of the consequences sexual intercourse when describing that boys make babies through sexual intercourse with girls. However, it remained unclear whether the male student had vaginal intercourse with Marcela at the time (see p. 2). Marcela's mother, Mayra, noted that her daughter had complained about a male student bothering her for sex several weeks prior. Additionally, Mayra reported surprise that the school had not prevented the assault since Marcela's intellectual disabilities made her vulnerable and willing to do most things people asked of her. Officer Henderson and Detective Kamoske described Marcela's limited vocabulary, and Detective Kamoske indicated several times that Marcela did not

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seemed to understand questions or concepts as demonstrated by her responses. Both officers noted that Marcela appeared "uncomfortable" at times when talking about the incident.

Detective Kamoske's interviews with the male offender, a family member, and school officials, found that the offending student had been accepted in 10th grade at James Madison Memorial High School following an expulsion from a Florida high school for a "sexual incident" with another male. Eventually, the male offender told Detective Kamoske that he had touched Marcela 2-3 times in the past and that he had touched Marcela on her chest and front groin while she touched his bare penis and other clothed areas in the stairwell on April 20, 2015. He denied having intercourse with Marcela.

DIAGNOSTIC IMPRESSIONS

The following diagnostic impressions and conclusions are made within a reasonable degree of psychological certainty. These opinions are based on an integration of information from multiple sources involving interviews and records.

Presenting Clinical Disorders

- Schizoaffective Disorder, Bipolar type
- Rule Out Bipolar I Disorder with Psychotic Features
- Rule Out Post-traumatic Stress Disorder

Personality and Developmental Disorders

- Moderate-to-Severe Intellectual Disability with moderate-to-severe global impairments (by report)
- Language Disorder (by report)
- Speech Sound Disorder (by report)

Relevant Medical Conditions

- Moderately overweight

Psychosocial Stressors

- Relationship Issues
 - Conflicted relationships among family members due to Marcela's mental health disorders
 - Mother's caregiving stress related to Marcela's mental health disorders and lack of community services
 - Mother's limited understanding of Marcela's mental health disorders and of adaptive parenting techniques
 - Marcela's inability to see biological father and sister

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- Marcela's difficulties understanding and communicating in relationships
 - Avoidance of social situations and difficulty tolerating public places
- Academic Issues
 - Refusal to attend the 18-21 year old program at Verona High School
- Social Issues
 - Need for constant supervision to understand and participate adaptively in all private and public arenas
 - Inability to acquire necessary mental health and community services due to age, financial, and other reasons
 - Lack of supportive relationships outside the home
 - Lack of participation in supportive and adaptive environments outside the home (e.g., work training, exercise, group activities)
 - Need for Spanish to English translation services for Marcela's mother/guardian and for Marcela
- Legal problems
 - Frequent contact with police due to mental health symptoms
 - Litigation regarding April 2015 sexual assault

CONCLUSIONS/DISCUSSION

An IME was requested to determine Marcela Vargas' psychological status subsequent to a sexual assault occurring at James Madison High School on April 20, 2015. Another sexual incident occurred in February 2016 when Marcela attended Sun Prairie High School. Marcela has an extensive history of developmental delays, intellectual and communication disabilities, and serious psychological symptoms that intensify in response to stressors.

Results from Marcela's evaluation indicate that she suffers from Schizoaffective Disorder, Bipolar Type which likely vacillates with Bipolar 1 Disorder with Psychotic Features. Post-traumatic Stress Disorder has not been ruled out at this point. Moderate-to-Severe Intellectual Disability with related moderate-to-severe global impairments in functioning, Language Disorder, and Speech Sound Disorder have also been previously identified in Marcela's 2017 neuropsychological report.

Marcela's diagnoses are most clearly understood by considering her Moderate-to-Severe Intellectual Disability first. As noted in Dr. Porter's 2017 neuropsychological evaluation, Marcela's intellectual deficits and global impairments are found in less than 1% of the population. This means that Marcela's intellectual disability and impairments are quite unique as more than 99% of the population demonstrates greater intellectual skills, abilities, and functioning than Marcela. Only a fraction of the remaining population

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(<1%) demonstrates intellectual deficits and functioning as severely as Marcela does. Described another way, Marcela's ability to understand her world and respond to it are found typically in 3 to 5-year-olds though she is almost 20 years old. Thus, Marcela experiences great difficulty understanding her internal and external situations and great difficulty reacting with appropriate behavior, communication, and emotion in any private or public situation. When situations become more stressful or complicated in anyway, her behaviors, communication, and emotional reactions become more impulsive -- or equivalent to that of a toddler. Because she is unable to communicate effectively about what she is experiencing internally and externally and because of her susceptibility to psychoticism and mania, Marcela has tended to react to more severe stressors with hallucinations and manic symptoms over history.

As noted previously, observable negative behavior change and signs of painful emotions become criteria for mental health disorders among small children and those who cannot communicate effectively. Such observations have contributed to Marcela's diagnoses of Schizoaffective Disorder, Bipolar Type and Bipolar 1 Disorder with Psychotic Features which can vacillate over history (DSM-5, p. 110). Marcela's intellectual disability and communication impairments have not prevented her from simple descriptions of auditory and visual hallucinations. Her behaviors have evidenced psychoticism through disorientation and functional decompensation involving inability to follow rules, exposing herself, and urinary incontinence, and they have evidenced manic symptoms such as sleeplessness, pressured speech, irritability, and aggressiveness that mark Schizoaffective Disorder, Bipolar Type. Similarly, Marcela has demonstrated manic and psychotic symptoms at times and described subsequent auditory and visual hallucinations that mark Bipolar I Disorder with Psychotic Features. Most importantly, more severe stressors or high intensity stressors, have typically exacerbated these symptoms prior to most hospitalizations. After the April 2015 sexual assault, records indicated that Marcela demonstrated behavioral problems of irritability and aggressiveness. Absences from school occurred along with CPS involvement and foster care placement, and clinicians continued attempts to reduce emotional, behavioral, and psychotic symptoms through medication change. Mayra's observations and clinic, hospital, and school records document this as well.

In comparison to the disorders noted above, a diagnosis of Post-traumatic Stress Disorder (PTSD) becomes more difficult because it depends on an individual's ability to communicate a severe threat to self or others. Additionally, the diagnosis of PTSD depends on an individual's description of internal thoughts and feelings and how they affect functioning. In young children who have difficulty communicating about such abstract thoughts and feelings, a witness' report is often necessary to confirm that a traumatic stressor was experienced. Behavioral observations and a child's simple communication or portrayal of emotions and thoughts are necessary to meet criteria for this disorder. A diagnosis of PTSD also becomes more difficult in Marcela's situation because her moderate-to-severe intellectual and communication disabilities limit her understanding and description of traumatic aspects of a stressor, particularly the April 2015 sexual assault in this case, and her understanding and description of related trauma symptoms. While a police record is available of the 2015 sexual assault,

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behavioral descriptions have been complicated by Spanish-to-English translation via computer or interpreter and by Mayra's and clinician's assumptions about Marcela's emotional states. Marcela's acquiescent style, sedating medications, symptoms of underlying manic/psychotic disorders, her tendency to react impulsively to gradations of stress with increasing emotional and behavioral dysregulation, having witnessed her mother's domestic abuse, family conflict, and her post-puberty status complicate a clear understanding of Marcela's potential PTSD symptoms as well. Nevertheless, a child's criteria for PTSD are considered in Marcela's case due to her intellectual status and related impairments.

In review, a PTSD diagnosis in children six years old or younger involves having experienced actual or threatened sexual violence, serious injury, or death or having witnessed such a trauma occurring to primary caregivers. Additionally, symptoms must include a) experiencing one or more intrusive symptoms such as recurrent distressing dreams or flashbacks which may be reenacted in play, intense or prolonged psychological or physical distress in response to cues symbolizing the trauma, b) *either* avoiding one or more of the following: memories, thoughts, feelings or external cues such as people and places related to the trauma, or negative emotions such as fear, sadness, guilt, confusion, diminished interest in previously enjoyed activities, social withdrawal, and reduced expressions of positive emotions, and c) marked changes in physiological arousal and reactivity seen in at least two symptoms such as hypervigilance, exaggerated startle response, insomnia, concentration problems, irritability, and angry outbursts.

Regarding the April 2015 sexual assault, police reports identified that Marcela had experienced a third-degree sexual assault, a potential traumatic stressor. Marcela described this incident and provided a few simple emotional descriptions about the event (e.g., "That's sad."), and her affect remained strangely blunt or flat during the current evaluation. While she had also provided descriptions to the police, her mother, medical personal, her mental health care providers previously, it is unclear how distressing this event was to Marcela. Reasons for this lack of distress regarding the 2015 sexual assault include Marcela's inability to understand and communicate emotions and thoughts accurately, having repeated event details many times and/or taken on others' descriptions of the event due to her acquiescent style, having experienced other traumatic stressors such as her mother's domestic abuse, numb or flattened emotions and mood from antipsychotic medication, and/or interest in sexual behavior and related physical feelings that occur with puberty but are not easily controlled with such severe intellectual disabilities. Despite these reasons, it is certainly possible that Marcela experienced this event as a traumatic stressor involving a serious threat to her well-being.

At times, Marcela's behaviors and signs of emotional distress have potentially indicated other PTSD criteria. Although irritability and angry outbursts or aggression are considered signs of post-traumatic arousal and reactivity, these symptoms have also been related to Marcela's moderate-to-severe intellectual disability, impaired functioning, and psychotic disorder. As such, these symptoms could also represent

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impulsive reactions to stress, ineffective medications for psychoticism, and lack of medication. Mayra also noted that Marcela has been more prone to this behavior if she does not like what someone is doing or what is being asked of her.

However, clinic and hospital records indicated that exacerbations in Marcela's emotional and behavioral instability could potentially be related to the April 2015 assault and February 2016 sexual event while they also demonstrate Marcela's reactions to stress. As noted previously, Marcela was experiencing emotional and behavioral instability prior to the April 2015 assault. However, immediately afterward, insomnia, increased irritability and aggressiveness, crying while Mayra told a therapist about the assault, signs of potential anxiety seen in changing clothes frequently at night, and talking about the assault and about pregnancy to others repeatedly occurred. By early May 2015, Marcela was experiencing symptoms of her psychotic disorder, which typically occurred after a significant stressor. By May 12, 2015, she reported pain all over her body and was afraid to sleep. Marcela's prescriber noted accurately that she was "unable to assess" trauma symptoms at the time most likely because Marcela's intellectual and communication disabilities limited personal descriptions of complex phenomena such as flashbacks and hypervigilance. Nevertheless, Marcela's prescriber considered medication for trauma-related nightmares by mid-June 2015, and clinicians described waning trauma symptoms occasionally in following months. Behavioral and emotional instability continued and eventually contributed to foster care placement in November 2015. Behavioral and emotional instability and preoccupation with sex continued while in foster care, and the sexual incident occurred in February 2016 at Sun Prairie High School. Here it is interesting to note that despite Marcela's moderate-to-severe intellectual and communication disabilities, psychiatric records described that Marcela both reported and denied trauma symptoms such as nightmares, flashbacks, insomnia, "ruminating" about and "re-experiencing past trauma," and "anxiety about going to school" on February 23 and March 14, 2016. Emotional and behavioral instability continued but became more severe after Marcela returned home in August 2016. Mayra discontinued Marcela's antipsychotic medication approximately in November 2016, and by December 2016 trauma symptoms were reported again. After Marcela's March 2017 hospitalization, some emotional and behavioral instability was noted, though approximately one year of records is missing. Relatively stable emotions and behavior were reported from April to October 2018.

Other symptoms potentially related to PTSD have included Marcela's lack of interest in any activities, refusal to attend school, fear and avoidance in public places, fears at home seen in wanting her mother's attention more often, waiting up for her to return from work at night, and checking locks, increased somatic complaints, and preoccupation with/increased talk about being pregnant or getting pregnant. Regarding these potential PTSD symptoms, Marcela may indeed lack interest in previously enjoyed activities and fear attending school because of the 2015 assault and 2016 sexual event. However, other explanations also include Marcela feeling bored and not wanting to do what teachers expect as she told this evaluator. As in other individuals with intellectual disabilities, a slight understanding that people view her as different may be another factor contributing to Marcela's lack of interest, refusal to attend school, and

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fear of public places. Antipsychotic medications, including Invega Sustenna, typically produce side effects of drowsiness, fatigue, numb feelings, and subsequent lack of motivation. They may also contribute to Marcela's lack of interest in any activities, refusal to participate in private or social functioning, and greater difficulty understanding complex phenomena in social arenas. Although Marcela may be more fearful at home following the 2015 assault and 2016 sexual event, she may also feel more misunderstood and thus fearful of family members because of ongoing family conflict. She may also want a more positive loving relationship with her mother than their currently conflicted relationship. However, other unknown factors such as watching scary TV shows or hearing about neighborhood dangers could contribute to the fears and clingy-ness that Mayra described about her daughter. While somatic complaints can be signs of underlying emotional distress especially in those unable to communicate effectively, Marcela's somatic pains could also be due to reduced activity and her fascination with pregnancy. Finally, Mayra reported that Marcela's talk about the assault, interest in babies and getting pregnant escalated after this event. Although such behavior could be considered a sign of dissociation/flashbacks or "replaying" the trauma, such an explanation is speculative especially when this behavior began during Marcela's puberty. Interest in sexual behavior and feelings is a normal human phenomenon, but individuals with more severe intellectual disabilities and functional impairment typically demonstrate inability to understand and control sexual interest and behavior appropriately. Records demonstrated that Marcela showed some interest in this topic since 2012 when she had her first menstrual cycle. However, clinic records and Mayra's report evidence that Marcela's sexual "preoccupation" and talk about becoming or being pregnant have escalated after the April 2015 assault. Since Marcela called police again to take her to the hospital because of stomach pain and pregnancy, she obviously has not completely understood how her sexual interest, intellectual disability, and psychotic disorders relate to somatic pains, adaptive functioning with regard to sexual behavior, and thoughts of pregnancy, her.

Overall, a diagnosis of Post-traumatic Stress Disorder (PTSD) cannot be confirmed at this time due to symptoms from Marcela's psychotic disorder, moderate-to-severe intellectual disability and communication/behavioral impairments, and other complicating factors. It is more likely than not, however, that Marcela's Schizoaffective Disorder Bipolar, Type and Bipolar I Disorder with Psychoticism was aggravated by the April 2015 sexual assault. This event is considered a high intensity stressor that triggered increased frequency and severity of symptoms related to these disorders including sleeplessness, poor appetite, odd behaviors including changing clothes continuously, disorientation, body pain, edginess, crying and tearfulness, hallucinations, and decompensation in functioning that required medication change and absences from school. Nevertheless, Marcela should continue to be evaluated for PTSD as she proceeds with psychiatric and psychological treatment to determine if observed signs meet criteria for this disorder subsequent to the April 2015 sexual assault and February 2016 sexual incident. As noted earlier, Marcela's reports of symptoms and functioning are limited by her moderate-to-severe intellectual disability and related communication and functional impairments. Thus, a psychologist, skilled in treating individuals with intellectual disabilities, psychotic disorders, and PTSD, should first provide therapy to

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stabilize Marcela's emotional and behavioral symptoms and improve private and social functioning in collaboration with her mother. Second, ongoing therapy should continue to evaluate signs of PTSD with potential treatment including intellectually-appropriate strategies for Marcela, ongoing parent and family therapy, and community services for long-term care.

RECOMMENDATIONS

Several recommendations for Marcela are warranted to reduce symptoms and improve functioning in private and social arenas. It is critical that Marcela's treatment providers maintain an understanding that her intellectual disability places her at the 3-5 year-old age level for communication about symptoms and functioning in private and social arenas. Therapy especially must incorporate strategies that assist Marcela and her mother at this age level and functional capacity.

- 1) Marcela should continue with psychiatric services at Journey Mental Health Center. Frequent monitoring of symptoms and responsive medication changes have helped Marcela overall. As treatment providers continue to evaluate whether Marcela's symptoms fit criteria for Schizoaffective Disorder, Bipolar I Type and/or Bipolar I Disorder with Psychotic Features, and Post-traumatic Stress Disorder (PTSD), continuing medication management will likely become more effective.
 - a. A Spanish and English-speaking psychologist or therapist skilled in treating all of Marcela's disorders should include both Marcela and her mother in therapy. First priorities should focus on behavioral therapy to maintain and reduce symptoms and maladaptive behaviors, such as impulsive angry/aggressive reactions, refusing to do selfcare and chores, and talking about pregnancy or wanting to get pregnant, while increasing functioning at home and in social arenas. Other behavioral strategies should include redirection, relaxation, movement/exercise, art therapy, building and maintaining a consistent daily schedule, and rewards for accomplishments (i.e., operant conditioning). Speech therapy to improve communication effectiveness should also be utilized.
 - b. Marcela's psychologist or therapist should assist in building a more positive, supportive relationship between Marcela and her mother. Marcela's mother must develop a realistic understanding of her daughter's intellectual disabilities, functional impairments, psychotic disorder, and potential Post-traumatic Stress Disorder. More effective parenting strategies that help Marcela regulate her emotions and behaviors should be promoted while reducing unhelpful interactions and functioning at home and in public.
 - c. When Marcela's symptoms have stabilized and her relationship with her mother has improved, her psychologist or therapist should continue

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to evaluate her for PTSD based on her behaviors and other external signs of this disorder demonstrated in small/disabled children.

- i. Child-Parent Psychotherapy, an effective therapy for young children with limited intellectual and verbal abilities, can be useful for working through trauma via play while enhancing the parent-child relationship, and reducing maladaptive externalizing behaviors (Briggs, Nooner, & Amaya-Jackson, (2014).
 - ii. Other behavioral strategies for symptoms reduction should be continued.
 - d. Graded exposure to social environments, including Badger Prairie Needs Network at Verona High School, should be done with assistance from Marcela's mother and/or one-on-one therapists to improve Marcela's understanding and functioning in public arenas and to reduce anxiety from her intellectual disability, psychotic disorder, and potential PTSD.
 - e. One-on-one supervision 24 hours per day should be provided due to Marcela's moderate-to-severe intellectual and communication disabilities, global functioning deficits, psychotic disorder, and potential PTSD. This supervision should be enhanced by in-home therapists to facilitate symptom management, adaptive behavioral functioning, and development of active personal interests such as arts/crafts.
 - f. Vocational training will assist in reducing anxiety in social arenas while developing social skills and vocational skills.
 - g. Community services and long-term adult services through a group home will assist Marcela in developing adaptive skills in private settings.
- 2) Mayra will benefit from individual therapy with Marcela's psychologist or therapist to:
- a. Increase understanding of her daughter's disorders and functional impairments,
 - b. Improve parenting and communication strategies with Marcela while reducing negative/critical comments about Marcela's behavior,
 - c. Process emotions and identify coping strategies to reduce stress related to caregiving for an adult child with a moderate-to-severe

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developmental disability, global functional impairments, and serious mental health disorders,

- d. Assist in acquiring health insurance and other governmental assistance for Marcela's mental health and behavioral needs as a dependent adult with disabilities.
- 3) Marcela's family will benefit from family therapy to increase their understanding of Marcela's mental health disorders and impaired functioning and assist in developing behavioral strategies to improve spousal and sibling relationships and whole-family functioning.
- 4) Marcela and her family will benefit from assistance from human Spanish interpreters and transportation assistance to therapy appointments.

Please feel free to contact me if you have further questions or need clarifications regarding opinions in this case.

Sincerely,

A handwritten signature in black ink that reads "Anne Huebner, Ph.D." with a stylized flourish at the end.

Anne Huebner, Ph.D.
Licensed Psychologist

Diplomate, American Academy of Experts in Traumatic Stress
Member, American College of Forensic Examiners